

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF		
1. CONTRACT/PURCH ORDER/AGREEMENT NO.			2. DELIVERY ORDER/CALL NO.			3. DATE OF ORDER/CALL (YYYYMMDD)		4. REQUISITION/PURCH REQUEST NO.		5. PRIORITY		
6. ISSUED BY <div style="text-align: right;">CODE</div>			7. ADMINISTERED BY (If other than 6) <div style="text-align: right;">CODE</div>			8. DELIVERY FOB <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule if other)</i> </div> <div> <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED </div> </div>						
9. CONTRACTOR <div style="text-align: right;">CODE</div> <div style="display: flex; justify-content: space-between;"> <div>NAME AND ADDRESS</div> <div>FACILITY</div> </div>			10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)		11. X IF BUSINESS IS <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED </div> <div>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</div> </div>							
14. SHIP TO <div style="text-align: right;">CODE</div>			15. PAYMENT WILL BE MADE BY <div style="text-align: right;">CODE</div>						MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.			
16. TYPE OF ORDER		<div style="display: flex; justify-content: space-between;"> <div>DELIVERY/CALL</div> <div>This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.</div> </div> <div style="display: flex; justify-content: space-between;"> <div>PURCHASE</div> <div>Reference your _____ furnish the following on terms specified herein.</div> </div> <div> ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. </div>										
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <div> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div>												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE												
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT	
*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.			24. UNITED STATES OF AMERICA BY: _____ CONTRACTING/ORDERING OFFICER						25. TOTAL			
									26. DIFFERENCES			
27a. QUANTITY IN COLUMN 20 HAS BEEN												
<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED:												
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP. NO. <div style="display: flex; justify-content: space-between;"> <div>PARTIAL</div> <div>FINAL</div> </div>		29. D.O. VOUCHER NO.		30. INITIALS		
f. TELEPHONE NUMBER			g. E-MAIL ADDRESS			31. PAYMENT <div style="display: flex; justify-content: space-between;"> <div>COMPLETE</div> <div>PARTIAL</div> <div>FINAL</div> </div>		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.						37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER				40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		